MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022955

STATE FILE NUMBER

Registration District No. 1149 Primary Registration District No. 1002 Registrar's No. 2910

FILED JUN 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1400 Linwood
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOHN Middle E. Last CROSE

4. DATE OF DEATH: Month June Day 1, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 10-7-1920

9. AGE (last birthday): 41
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker

10b. KIND OF BUSINESS OR INDUSTRY: Local #264

11. BIRTHPLACE (City and state or country): Wallkill, New York

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Miles Crose

13b. MOTHER'S MAIDEN NAME: Florence Wynkoop

14. NAME OF HUSBAND OR WIFE: Willie Rose Crose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Willie Crose Address: 1400 Linwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Failure	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hyperpyrexia	6 hours
DUE TO (c)	Cerebral Edema	3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a): Convulsions, Ancient Head Injury, Delirium Tremens

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 24 62 to present and last saw him alive on 5-31-62.
Death occurred at 645 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. K. Boyd (Degree or title) George K Boyd MD

22b. ADDRESS 5111 Independence Ave

22c. DATE SIGNED 6-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6-1-62

23c. NAME OF CEMETERY OR CREMATORY: Wallkill Valley Cemetery

23d. LOCATION (City, town, or county) (State): Wallkill, New York

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Woodland

25. DATE RECD. BY LOCAL REG.: 6-1-62

26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

Mr. [illegible]
5111 [illegible]
Be 1-7910

[illegible] Mark.
Call before [illegible] go

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student: ______________________________
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 3408

P. O. Address Indep., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.